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<p>This study was conducted to determine if a pre-recorded audio health information system is applicable to the Army Medical Department in the Continental US. The data was collected by telephonic interviews and surveys. This study found that the use of pre-recorded audio health information systems in civilian communities have proven to be frequently and effectively used. The systems have increased public relations between consumers and providers at a relatively inexpensive cost. The consumers of Army Medical Facilities have the same degree of need for health information and turn to the same sources as their civilian counterparts. The author recommended installation of systems wherever possible within the Army Medical Department within cost limitations.</p>					
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A STUDY TO DETERMINE THE APPLICABILITY OF
PRE-RECORDED AUDIO HEALTH MEDICAL INFORMATION
TO THE AMEDD IN CONUS

WILLIAM BEAUMONT ARMY MEDICAL CENTER
EL PASO, TEXAS

A GRADUATE RESEARCH PROJECT
SUBMITTED TO THE FACULTY OF
BAYLOR UNIVERSITY
IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE
OF
MASTER OF HEALTH CARE ADMINISTRATION

BY

Captain Peter A. Basler, Jr., MSC

August 1984

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	iii
LIST OF FIGURES	v
LIST OF TABLES	vi
I. INTRODUCTION	1
Development of the Problem	1
Review of the Literature	7
Research Methodology	10
Footnotes	14
II. DISCUSSION	16
Present Usage	16
Consumer Survey	18
Provider Survey	24
Cost	28
Footnotes.	33
III. CONCLUSIONS AND RECOMMENDATIONS	34
Conclusions	34
Recommendations	35
APPENDICES	37
A. Health-Line Brochure	37
B. Tel-Med Brochure	41
C. Tape Development Flow Chart	43
D. Consumer Survey	44
E. Provider Survey	45
F. Blanchfield Army Tel-Med Brochure	46
G. Program Support Fee	54
H. Script Development Guidelines	55
BIBLIOGRAPHY	56

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Major Smith was instrumental in giving the initial impetus to the research project idea and helped to define the problem statement. His assistance provided the foundation for the first draft of both questionnaires. Captain Hawkins' experience in research and numerous publications assisted in developing the final draft of my Graduate Research Project Proposal and in interpreting the data collected from the survey instruments. Captain Hawkins' knowledge and expertise of the hospital's TRS-80 computer system allowed him to guide me through the use of its basic statistical package. The TRS-80 statistical package performed all the computations used for the various statistical analysis. Without Captain Hawkins' guidance, I would have spent weeks computing data and would have surely performed many incorrectly.

iii



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Mrs. Stephens has been a valuable aide in performing the word processing tasks to finalize this project and providing constructive criticism to ensure the paper was cohesive and comprehensible. Mrs. Stephens also provided daily motivation for completion of the project by giving me constant reminders of established suspense dates. It should also be known that Mrs. Stephens donated many hours on weekends to ensure this project was professionally typed and formatted. Her loyalty and generosity will never be forgotten.

Sierra Medical Center has an operational Tel-Med system that serves the communities of El Paso, Texas, and Juarez, Mexico. The administrators and in particular, Mrs. Freeman, were very supportive of my project. They often gave of their time to acquaint me with the systems' operation. Mrs. Freeman personally took me under her wing and aided by getting me in contact with Tel-Med, Inc. of Colton California. She also arranged to provide William Beaumont Army Medical Center, through me, 2500 Tel-Med brochures on a quarterly basis for distribution among our consumers. Her candid advice and personal friendship proved to be a most valuable asset.

Again, I thank members of the AMEDD family and staff at Sierra Medical Center for their support and donation of their time and talent.

LIST OF FIGURES

1. Source of medical information (first choice) 20
2. Source of medical information (second choice) 20

LIST OF TABLES

1. Consumer Profile	18
2. Consumer Proposed Usage	22
3. Category of Provider Respondents	25
4. Provider Contingency Table (Chi Square Results)	27

I. INTRODUCTION

Development of the Problem

Health has always been a humane concern, but the number of people taking an active role in matters relating to their own health, or that of their families, has been growing in recent years. Historically, there has been an interest in specific health problems, such as birth control, venereal disease, sanitation, and use of drugs. Today, the concerns have expanded to encompass all aspects of health, disease, and access to health care. Recent trends including the consumer movement, self care, wholistic care, cost containment (patient and facility), informed consent, malpractice claims, and the problems of chronic illness have contributed to this expanded interest. All of these social and political concerns have served to amplify the demand for health information.¹

The maintenance of health and prevention of disease lie, for the most part, beyond the control of current medical practice. Economic circumstances, health education, and general attitude have a greater impact on health status and mortality than do the number and kind of medical services used. The major killers in this country today are heart malfunctions, cancer, stroke, and accidents. The primary causative or precipitating factors for each of these are affected by life style, stress, diet, and poor health habits such as smoking or misuse of alcohol or drugs. Social factors also have a profound

effect, not only upon health, but upon access to health care. Thus, it is obvious that when we talk about health information, we are talking not only about disease, but about all these factors which may affect the physical and mental well-being of an individual.²

A 1977 editorial in Science stressed the responsibility each individual has for his own health, but pointed out that lack of knowledge creates a barrier to the assumption of this responsibility.³ The obligation to preserve one's own health implies a right to expect help with information. The present picture of consumer health information is limited and fragmented, at best. Consumers of Army medical services must continually enter our facilities to obtain health information, thereby increasing our waiting lines, at times misusing our providers, and inconveniencing themselves. Worse yet, due to health ignorance, patients often do not present themselves at our doors until the disorder has escalated in severity and is out of control or nearly so. Lack of health information appears to be a prevalent concern of our consumers as shown by their misuse of our emergency and outpatient treatment facilities.

'Consumers must play a more active role in taking care of themselves. In order to do so, medical information which leads to education must be readily available.'⁴ Education implies an effect on the individual; something is learned; and as a result, an action is taken, a behavior changed, or a decision

made. Information dissemination, on the other hand, may be considered a less aggressive role. The individual is directed to or provided with information without interpretation, without opinion, or counseling. Information dissemination facilitates self-education; learning is left to the individual. 'The object (of medical information) is to save lives by educating the public to recognize disease and anticipate its progress, thereby averting the danger that results from neglect. The natural intellectual growth is from ignorance to knowledge. Little by little, information is acquired: it is only thus that education results...' ⁵

'You can do more for your health than your doctor can. As an enlightened medical consumer, you can save money and time, and provide for the best possible medical care for yourself and your family... You can learn to recognize when it's important to get to a doctor or hospital. You can learn to cut the high costs of medicine.' ⁶ Many visits to providers occur for health information. Demand the worried well has placed upon limited health care resources has been significant. ⁷ 'This greater demand contributes to longer waiting lines, less time with the doctor (provider), increased charges (or other costs to the patient) and higher medical-insurance premiums (increased costs to the government). In our national quest for a symptom-free existence, as many as 70 percent (70%) of the visits have been termed unnecessary. The competent physician's response to these visits is either to reassure the patient or to advise measures which are available without prescription.' ⁸

'In recent years, the telephone has been used to facilitate access to health information for an information hungry public.'⁹ Numerous medical facilities, private and governmental, have utilized telephonic, layman-oriented, taped messages that can be retrieved by consumers to gather health information. Health-Line and Tel-Med are two examples of civilian systems with Tel-Med being the predominately utilized system (Appendices A & B).

Tel-Med, a nonprofit organization, was created by the San Bernardino County Medical Society in California, and began operation in April 1972. It started as a local experiment to improve access to accurate medical information, and to decrease the overwhelming demand from the worried well. It has now grown to the point that it delivers 1,000,000 health messages each month in over 200 cities in the United States.¹⁰ In El Paso, Texas, it is also utilized by residents of Juarez, Mexico. Call volume varies in different systems depending upon community size, hours of operation, and promotion.

Consumers desiring access to information dial the local Tel-Med telephone number and request the tape by subject title or number. The operator selects the proper cartridge from a bank of tapes and plugs it into a playback device. The tape is in a continuous loop cartridge that automatically shuts off and is ready for play upon the next request.

The tape library now addresses more than 300 subjects in English, with 200 of those also available in Spanish, and 11 other foreign languages. The length of the recordings varies from three to ten minutes. Members of the San Bernardino County Medical Society have written most of the scripts, but many have also come from health care providers in other cities. LTC Collin Smith, from Sheppard AFB, TX, which utilizes the Tel-Med system, says they have expanded their library to include messages on CHAMPUS, hours of operation, eligibility of care, and intend to add other messages on items unique to the military. The scripts are edited and revised by Tel-Med staff into simple language for comprehension at the eighth grade education level. A panel of physicians reviews the revisions for accuracy and quality of presentation. The final script is professionally narrated and recorded (Appendix C).¹¹

'Because Tel-Med programs meet these needs (preventive and health promotion) by emphasizing maintenance of health and preventive or early detection of disease, public response throughout the nation is consistently enthusiastic and supportive. As a bonus, the sponsoring agencies have reaped a harvest of good will and favorable publicity... Tel-Med guides them (consumer) to proper utilization of available facilities. The messages effectively supplement physician and staff counseling for patients and their families. An easily accessible link of communication between providers and consumers has resulted.'¹² Because callers remain anonymous, they can request vital information on sensitive subjects such as venereal diseases or birth control

without fear of identification. Accurate information on drug use and abuse can be presented. A frightened, insecure listener can seek assistance with confidence and without embarrassment.

Tel-Med has proven to be very inexpensive per phone call. A 1979 nation-wide study found the cost to be 23 cents per call. There is probably no less expensive means to provide specific requested health information.¹⁴

The basic objectives for the pre-recorded audio health/medical information system, Tel-Med, are as follows:

1. To increase accessibility to health information by providing standardized, medically certified, easily understood information at no cost to the user; anonymity and confidentiality were to be maintained, parental permission not required.
2. To combat rising health care costs by reducing unnecessary visits to physicians for standardized medical information.
3. To facilitate access to health services for all citizens where there is a definite medical need (includes reduced waiting times).
4. To help people recognize early signs of illness.
5. To help people find appropriate community resources to deal with their medical problems.¹⁴

AMEDD treatment facilities and their consumers may benefit in a number of areas just as our civilian counterparts, through:

1. Increased public relations.
2. Decreased waiting lines.
3. Accurate and better information for lifestyle decisions.
4. Providers can use the system to augment and reenforce medical information given to the patient.
5. Help consumers recognize early signs of illness.
6. Help consumers find appropriate community resources.

The research question is to determine if a pre-recorded audio health information system, which has been successful in the civilian arena, is applicable to the AMEDD in the Continental United States.

Review of the Literature

Studies in the late 60's and early 70's convinced the American Medical Association, the California Medical Association, and the United States Department of Health, Education and Welfare to provide funding for the development of an audio health/medical information system. The system and organization, Tel-Med, was created in 1972 by the San Bernardino County Medical Society as a nonprofit public assistance entity.

Two research efforts published in March and October 1980 provided additional data on use and effectiveness of a telephone health information system, and the need for consumer health information. These two studies and their survey questions serve as the foundation for this research project.

The use and effectiveness study was conducted in Winston Salem by Robert A. Diseker, DrPh; Robert Michielutte, PhD; and Virginia Morrison, MED. The study was performed by conducting random telephonic interviews three years after a telephonic information system (Tel-Med) was implemented. The intent was to determine and gather user characteristics, user motivation, action taken by consumers, knowledge and information gained, and suggested system improvements.

Results of the Winston Salem study indicated (user characteristics) a higher percentage of middle-aged adults and a larger proportion of females had prior knowledge of the system. The results for education and income indicated socio-economic status was positively related to prior knowledge of the system's existence. However, once a consumer knew of the system, usage could be predicted upon sex alone. Women were more likely than men to say they used the system. User motivation questions revealed persons over the age of 50 were more likely to have used the system for their own health problems than were adults age 21-49.

Action taken or behavior modification questions showed 25 percent of the system users had been encouraged to seek medical or dental care initially or sooner than they otherwise would have. Thirty percent reported the system made it unnecessary for them to see a doctor and 42 percent followed a suggestion made on the tape(s). Knowledge gained was demonstrated by the behavior modification that occurred.

Suggestions for improvements included expansion of the number of subject tapes, and to increase advertising/promotion of the service. Less than one percent found the service embarrassing or offensive. Most users (82.7 percent) gave the service an overall "very useful" rating.¹⁵

The study of need for consumer health information conducted by Kathleen A. Moeller and Kathleen E. Deeney, both librarians from Overlook Hospital, Summit, New Jersey, was performed in October 1980. The primary intent was to gather information relevant to the development of a new library. This study, through a written survey, determined information needs, information sources, and the scope of information required by medical consumers.

The conclusions as revealed by the authors showed 72 percent of the consumers needed health information within the past year, with four out of ten unable to find it, indicating a large information gap. Primary sources of information were: physician with 55.5 percent of the responses. The public library capturing 18 percent of the choices and the remainder were spread across parents, friends, newspapers, Tel-Med, magazines, televisions, and other sources. The scope of information requirements, or topics for which they would like access included staying well, illness, sexual, allergies, self-help, stress, dental health, and first aid. Each of the topics included numerous subsets. Continuously stressed was the need for subjects to be addressed in lay terminology.¹⁶

Other studies and numerous articles address the consumers' (patients) need for accurate laymen-oriented health information. This information is not intended to replace the provider but rather to augment their services and aide the consumer in making health and life style decisions.

Research Methodology

Upon completion of an exhaustive literature review concerning the need for and use of medical information by inpatients and outpatients, the research focuses on existing civilian systems and search for military usage. This research includes interviews, both telephonic and in person, and use of survey

instruments. Simultaneously, the surveys collect data to determine the need of health/medical information as felt by Army medical treatment facility consumers and to determine if there exists a difference in usage based on demographic variables: age, education, sex, race, and military status. In addition, data collection is designed to determine the need for health/medical information as felt by providers of Army medical care and to determine if a difference exists between providers who would support a pre-recorded audio health system.

Two different survey instruments obtained responses from providers of care and consumers of health care in AMEDD treatment facilities. The instruments development came from a number of sources.. Initially, questions were obtained from the literature references previously discussed under 'Literature Review.' Questions were added to and deleted from in order to answer basic objectives. The instruments were first discussed with Major Michael Smith, the Administrative Officer for the Department of Clinical Investigation at WBAMC, and LTC Arthur Badget, Associate Professor, US Army-Baylor. Both greatly assisted in formulating the first draft. The second and final draft of the two instruments (Appendix D and E) came about with the aid of Captain Michael Hawkins, PhD, a clinical research psychologist. He assisted in testing the instruments for validity and reliability.

Both surveys were sent to sixteen AMEDD medical treatment facilities (MTFs):

MEDCENS

MEDACs

DDEAMC

Fort Benning

Fort Knox

FAMC

Fort Bragg

Fort Lee

MAMC

Fort Campbell

Fort Meade

WBAMC

Fort Carson

Fort Riley

WRAMC

Fort Hood

Fort Sill

Fort Stewart

These institutions were chosen being they all have Administrative Residents who will assist in coordinating the survey effort thereby increasing the probability of returned forms. In addition, all sized MTFs are represented as is a geographical cross-section. Twenty copies of the consumer survey and ten copies of the provider survey were sent to each institution for a total of 320 and 160 respectively.

Methods of evaluating the surveys include use of frequency distribution, chi square testing correlation matrix, analysis of variance, and regression analysis. Level of confidence for use with chi square and analysis of variance is 95 percent.

Lastly, literature research, telephonic interviews, and site visits are employed to collect cost data to determine the cost of purchasing a commercial system versus the cost of producing an 'in-house' system.

Criteria to determine the applicability of a pre-recorded audio health/medical information system to the AMEDD in CONUS is based on the responses of consumer proposed usage and providers' support through referral. Each must produce a frequency distribution with at least 75 percent affirmative responses.

FOOTNOTES

¹Dottie Eakin, "Consumer Health Information," Bulletin of the Medical Library Association, 68(2) (April 1980): 220.

²Ibid.

³Ibid.

⁴Donald M. Vickery, Take Care of Yourself. (Massachusetts: Addison-Wesley Publishing Company, 1976). p6.

⁵Philip Skrainka, M.D., Medical Information In Sickness and Health, (New York: Coward-McCann Inc. 1980) p 10.

⁶Ibid., p3.

⁷Robert A. Diseker, Dr., P.H., Robert Michielutte, PhD, and Virginia Morrison, Med, "Use and Reported Effectiveness of Tel-Med: A Telephone Health Information System," American Journal of Public Health, 70(3) (March 1980): p229.

⁸Donald M. Vickery, Take Care of Yourself. (Massachusetts: Addison-Wesley Publishing Company, 1976). pl.

⁹Robert A. Diseker, Dr., P.H., Robert Michielutte, PhD, and Virginia Morrison, Med, "Use and Reported Effectiveness of Tel-Med: A Telephone Health Information System," American Journal of Public Health, 70(3) (March 1980): p229.

¹⁰Interview with Mark Provost Manager of Operations Teletronix, Colton, California, 27 December 1983.

¹¹Ibid.

¹²Benson W. Harper, M.D., "Tel-Med - A Success Story," Western Journal of Medicine, 131(2) (August 1979): 163.

¹³Ibid.

¹⁴Robert A. Diseker, Dr., P.H., Robert Michielutte, PhD, and Virginia Morrison, Med, "Use and Reported Effectiveness of Tel-Med: A Telephone Health Information System," American Journal of Public Health, 70(3) (March 1980): p230.

¹⁵Ibid.

¹⁶Deeney, Kathleen E. and Moeller, Kathleen A. "Documenting the Need for Consumer Health Information: Results of a Community Survey." Bulletin of the Medical Library Association (70)2 (April 1982): 236-239.

II. DISCUSSION

Present Usage

Search for a pre-recorded audio health information system in the AMEDD began with interviews among senior AMEDD officers (grades 05 and 06) at WBAMC. The interviews did not produce the discovery of any operational systems. A telephonic interview with the manager of operations Teletronix, a division of Tel-Med, Inc., produced the same results. However, an operational system was discovered in use by Sheppard Air Force Base, Texas.

Provider surveys sent to Blanchfield Army Community Hospital, Fort Campbell, Kentucky, reveal the use of Tel-med at the facility. Telephonic inquiries have produced historical and organizational data. The system has been operational since May 1980. Average usage is 360 calls per month with slight increases during promotional periods.¹

The system is operational 24 hours per day and may be utilized by civilians and military in either community. It is operated out of the communication section by the hospital telephone operators. Staffing of telephone operators for the hospital is at the same level prior to system implementation. The tape library consists of 305 messages (Appendix F). The Community Health Nurse

(CHN), Department of Preventative Medicine, has operational control of the system. The CHN is responsible for keeping the system current and for promotion among the civilian and military community.

The systems' goals are to assist the community in remaining healthy, to recognize early signs of illness, to adjust to an illness or surgery, to prevent some health problems, and to promote public relations in and among the civilian and military communities. The CHN feels all goals have been realized, but not to the extent possible. Call volume must be increased to significantly realize the stated goals. Usage is directly related to promotion and promotion is a time-consuming effort. In order to reap the full benefits of the system, an intense promotion/advertising campaign must be initiated.²

In contrast to the Blanchfield Army Community Hospital, Sierra Medical Center, El Paso, Texas, utilizes the Tel-Med system to a greater degree. Their system receives approximately 1100 calls per month and is operated by two full-time employees per eight-hour shift. The key to their success lies in promotion. Their brochures are readily available throughout El Paso at 7-Eleven Stores. In addition, two billboards and frequent ads in local papers provide the telephone access number. Currently, brochures can also be found in clinics throughout William Beaumont Army Medical Center for use by the military community.

In summation, usage in the AMEDD facility is low; however, it is meeting established goals although minimally. The system can be fully successful if properly promoted among consumers and providers.

Consumer Survey

A set of twenty consumer surveys sent to sixteen AMEDD treatment facilities netted 248 usable surveys for a 77.5 percent return rate. Demographic analysis include use of frequency distribution for sex, race, and military status plus descriptive statistics for education level and age. The demographic data was completed by 243 respondents. The composition (profile) of the respondents are:

TABLE 1
CONSUMER PROFILE

<u>Sex</u>			<u>Military Status</u>		
Males	109	44.8%	Active Duty	99	39.92%
Females	134	55.2%	Dependent, AD	85	34.27%
			Retired, AD	28	11.29%
			Dependent, Ret	33	13.31%
			Other	3	1.21%
<u>Race</u>					
Caucasian	159	65.4%			
Negro	66	27.2%			
Other	18	7.4%			

The mean level of education is 13.23 years with a range of 7 to 23 years. Average age is 33.3 years and a range of 12 to 75 years.

When asked if within the past year have they (consumers) had a need for information on health or disease, 159 or 64.11 percent, responded yes and 89, or 35.81 percent, responded no. The next question asked if they had difficulty obtaining information; 43 or 17.34 percent said yes; and 205, or 82.66 percent, said no. Comparing the number of respondents (159) who said they needed information against the question of difficulty in obtaining information, the result shows a slightly higher percentage, 27.04 percent, responding yes. Therefore, 64 percent of the respondents have needed health/disease related information within the last year, and 27 percent of the group have had difficulty obtaining it.

Consumers were asked to rank the most frequent sources of health information for them. They were given eight sources and asked to rank them on a scale from one to eight, with one being the most frequent source and eight the most seldom. Respondents number 248; however, only 34 complete rankings are given. Figure #1 shows the sources chosen as first (248 respondents) and figure #2 (139 respondents), the second choice.

INFORMATION SOURCE

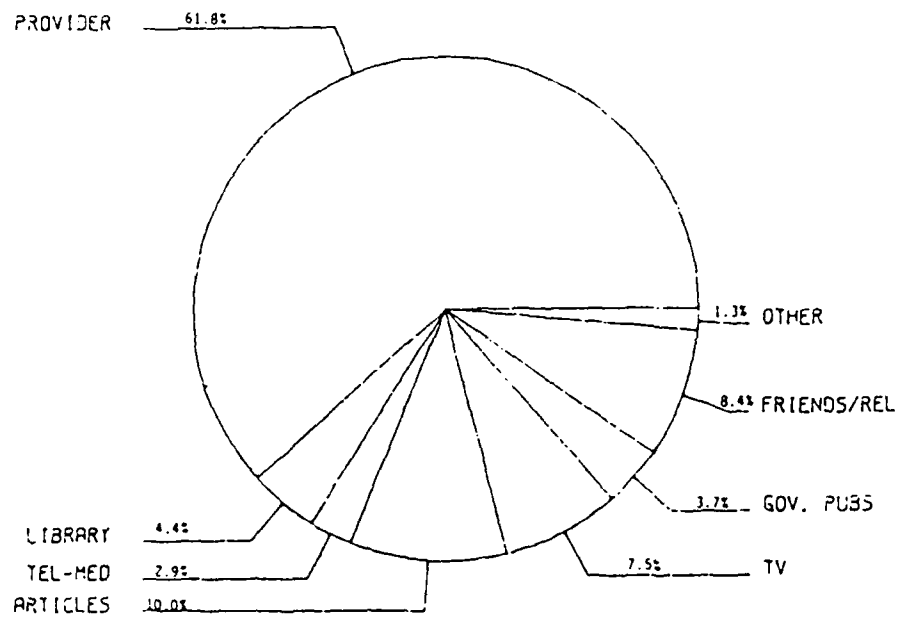


Figure 1. Source of Medical Information
(First Choice)

INFORMATION SOURCE

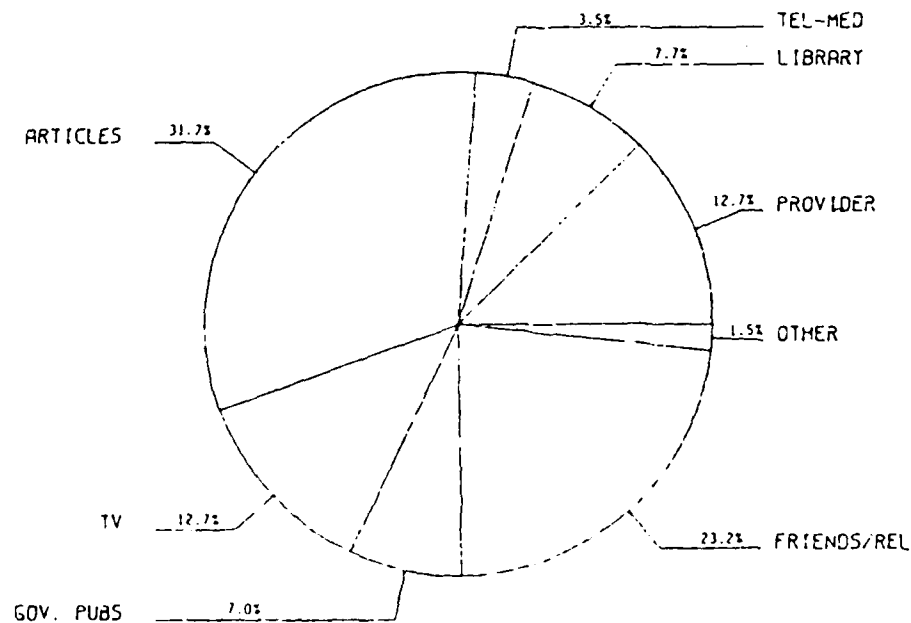


Figure 2. Source of Medical Information
(Second Choice)

As might be expected, the provider (Physician, Physician Assistant, Nurse, or Allied Health Scientist) is the first choice for the majority of patients receiving 61.8 percent of the responses. Articles from various journals, magazines, and newspapers with 25 percent are the second most popular source. These results mirror results from the literature review (Moeller and Deeney) in position/ranking. However, this study shows a higher percentile of responses for providers. This may be due to access and availability to the AMEDD health system or to this research question's referral to providers vs physician as in the literature. However, Moeller and Deeney did not give a choice for any other category of provider; therefore, access and availability of AMEDD consumers appear to be the cause for the slight variance.

Question #4 of the consumer survey asks if they would use an audio (taped message) medical information system if it were available. A frequency distribution (Table 2) shows a majority of yes respondents. If all respondents act as they indicate, then the AMEDD consumer would use the system slightly more (81 percent vs 70 percent) than the general population. It must be remembered, in order to use the system, adequate advertising/promotion must reach the consumer. Low usage levels are universally attributed to poor promotion.

TABLE 2
CONSUMER PROPOSED USAGE

	# of Choice Respondents	# of Responses
Yes	201	81.05%
No	46	18.54%
Possible	1	.40%

Comparison to determine if indicated future use differs among groups based on demographic data, sex, race, age, education level, and military status provides data that reinforces the Diseker and Michielutte study. Analysis of variance (ANOVA) use for sex, race, and military status provides statistical significance of correlation for sex only. The results with an F-ratio of 12.6007 and probability value of .0008 indicate that the null hypothesis (H_0), there is no difference between desired use and sex of the respondent, is false. Therefore, there is a statistical difference. Upon evaluating the mean score, 1.29 for males and 1.11 for females (given that yes is scored 1 and no is scored 2), it is obvious females are more likely to use the system. The null hypothesis, based on proposed usage and race, Caucasian, Negro, or other was not rejected at the 95 percent level. Therefore, statistically there is no difference based upon race. Military status also subject to ANOVA resulted in an F-ratio of 2.23 and a probability value of .0655. Although this is very close to rejecting the null hypothesis, it did not; therefore, military status is not an indicator of usage. Should the level of significance have been chosen to be 90 percent, the null hypothesis would have been rejected.

Multiple regression and correlation matrix tests both resulted in disproving any statistical relationship between projected usage, and age or education level. Multiple regression provides a slope in such a small quantity (1/100ths) as to make forecasting based upon age and education levels useless.

The Diseker and Michielutte study on use and effectiveness also showed that sex was a factor in usage with females utilizing the system more than males. Although knowledge of the system was a factor of age, education level, and monetary status (direct relationship) usage after knowledge did not show a direct or indirect relationship.

Questions 5 through 7 address: trust of the system, proposed behavior modifications based upon advice given and increased peace of mind after listening to a tape. The patterns of response follow the results of proposed usage with the exception of peace of mind. Negative responses amounted to 21 percent for trust and 20 percent for behavior modification which indicate the intended usage response of 81 percent was valid. The question concerning peace of mind shows a 31 percent negative response. Most of these responses contained a comment indicating they still would want the provider to reassure them.

Lastly, question #8 of the consumer survey asks if the service would be used: for the entire family, only for the respondent, only for other members of the family, or not at all. A frequency distribution produces 69.35 percent for the entire family, 10.89 percent for the respondent only, no response for other members, and 19.76 percent for not at all. The responses validate question #4 regarding projected usage. Negative responses total 19.76 percent and affirmative responses comprise 80.24 percent which mirror the negative and affirmative responses previously given. The consumer survey produces a respondent profile (Table 1), the current sources of health/medical information (Figures 1 and 2), and proposed usage. Currently providers are the single largest source of information and consumers predict 81 percent would use a pre-recorded information system if it were available to them.

Provider Survey

Providers, Physicians, Physician Assistants, Nurses, and Allied Health Scientists received an eight-question survey at sixteen separate AMEDD MTFs throughout the Continental United States. Each MTF received ten surveys; a total of 160 surveys. The return rate of 82.5 percent represents 132 responses. The survey instrument is designed to measure the feeling providers have towards health/medical information and their projected support of a pre-recorded audio system. A breakdown of the numbers of respondents by category is reproduced in Table 3.

TABLE 3
CATEGORY OF PROVIDER RESPONDENTS

Category	#	% of	
		Responses	Cumulative
Physicians	59	44.7 %	44.7 %
Phys Asst	10	7.58%	52.27%
Nurses	32	24.24%	76.52%
Allied Health Sci	31	23.48%	100.00%

The first question asks providers their opinion regarding the importance of access to information 71.21 percent find access to be extremely important, 25 percent moderately important and 3.79 percent of little importance. Undesirable and extremely unimportant are not response selections. Comparing categories of providers to the responses in question #1 through the use of ANOVA, the null hypothesis, there are no differences between providers' responses, is rejected. The F-ration is 3.32 with a probability value of .0214. The analysis shows physician assistants to value the importance of health/medical information for consumers a little less than either physicians, nurses and allied health scientists. The closer a group's mean value is to one (1), the more they regard the importance of access to health/medical information. Nurse responses have a mean value of 1.125, the closest to one of all four groups. Physicians, Physician Assistants, and Allied Health Scientists have mean scores of 1.37, 1.7, and 1.32 respectively.

Question #2 asks providers if information on health and disease is equally important for all or some patients. 'All' was chosen 75 percent of the time and 'some' 25 percent of the time. This further shows a strong trend for the support of health/medical information availability.

The survey utilized questions 3 and 4 to determine locations and types of pre-recorded systems in and outside the AMEDD. All ten providers at Blanchfield Army Hospital, Fort Campbell, KY, responded 'yes' to knowledge of a system in the AMEDD specifically at their facility. Surprisingly, none of the ten agree on who has operational control or where the system is located. Only one response is correct by saying it is located with communications; however, most are aware of brochures (Appendix E), which contain telephone access number. Question four, awareness of systems outside the AMEDD, is of little to no value. The question is often misinterpreted indicated by the listing of television channels, names of drug companies, books, articles, and other unrelated answers.

An affirmative answer to the referral of patients to a professionally made taped message occurs 107 times for 81.06 percent of the responses and negative responses number 25 for a share of 18.94 percent. Some responses also include comments indicating they, the provider, would first listen to the tape prior to referral. To determine if a difference exists among groups of providers who

would refer patients the statistical test of chi square provides data to reject the null hypothesis. (There is a difference.) The probability value is .1671. Contingency tables of observed frequencies and expected frequencies are in Table 4.

TABLE 4
PROVIDER CONTINGENCY TABLES (CHI SQUARE RESULTS)

<u>Observed</u>				
	Physician	PA	Nurse	AHS
Yes	43	9	27	28
No	16	1	5	3

<u>Expected</u>				
	Physician	PA	Nurse	AHS
Yes	47.85	8.11	25.94	25.13
No	11.17	1.89	6.06	5.83

The next two questions (6 and 7) referencing trust in a pre-recorded tape and future time savings are tested among the four groups of providers using ANOVA. In both cases, there is no significant difference among the groups. Scoring ranges from 1 to 5. A score of 2 is used assigned to trusting very much and 3 to trusting tapes a little. The mean score for trusts is 2.4 indicating the groups fell between trusting the tapes very much and trusting

the tapes a little. Again, unsolicited comments make reference to listening to the tapes prior to referring patients.

Time that would be freed up averages 2.96 hours per week with a range of 0 to 10 hours. This may be skewed to the right for the question did not allow for a negative response. Eight responses said a pre-recorded system may generate more patient questions which, in turn, would take more time. These eight responses are coded as the savings of 0 hours; unfortunately, potential time consumption due to additional consumer questioning is never indicated.

Therefore, referral to a system would be performed by more than 80 percent of the providers, physician assistants value medical/health information for patients a little less than the other providers and providers believe such a system would save 2.96 hours per week.

Cost

Although cost is not used as a criteria in this paper for accepting or rejecting the system concept cost is ultimately a factor for a decision by a medical treatment facility. Two alternatives exist in the acquisition of an information system. The first is to purchase a system off the shelf. The second is to produce pre-recorded tapes in-house.

The most widespread system that can be bought off the shelf is Tel-Med. This system has proven successful throughout the country and is in place in more than 200 cities. Tel-Med is also regarded as being highly reliable; it is backed by a nonprofit corporation that has been producing a quality product for 14 years. It satisfies the needs of its health care sponsors and as of this date, has not been subject to litigation.³ Teletronix information systems of Colton, California will provide all the necessary Tel-Med equipment and training to become functional. They will also assist the facility in determining equipment requirements. An initial set up cost, plus one year support fee, is as follows:

I. Equipment Cost

A. Teletronix Model 1510 (5-unit playback)	\$12,455.00	
B. Phone installation (5 lines)	500.00	
C. Accessory equipment (cartridge holders)	<u>450.00</u>	
		\$13,405.00

II. Tape Cost

300 Tapes @ \$25.00 each	\$ 7,500.00	
		\$ 7,500.00

III. Program Support Fee (Appendix G)

\$30.00 per month	\$ 360.00	
		<u>\$ 360.00</u>

TOTAL		\$21,265.00
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The Teletronix Model 1510 is capable of playing five separate tapes at one time to as many consumers. The equipment features a 14-month warranty. The total tape cost is dependent upon two variables: quantity and standardization. Quantity speaks for itself; total cost is reduced or increased depending upon the size of the library. A tape taken directly from the master library (standard tapes) costs \$25; re-narrated tapes are \$40 each; and in between is a modified master library tape; one selected by the licensee from the master library that requires the addition of any information, which costs \$35 a piece. Tapes which originate from the licensee or from a script from another licensee are \$40. The total cost estimate is based on a standard tape and a typical library of 300 tapes.⁴

Cost of running an answering service is not included in the estimate. Some facilities such as Blanchfield Army Hospital and Sheppard AFB Hospital incorporate the mission into an existing department without providing additional staffing. In addition, costs may occur for advertising and/or brochures listing available messages. This printing and reproduction may be accomplished by the individual facility or through a commercial firm. Sierra Medical Center uses a local advertising firm who produces brochures at a cost of \$.50 per 2500 brochures.⁵

In-house costs are the same for the capital equipment, assuming it is purchased from the same vendor, and for the telephone lines. Tapes and program support fees are the only variables in this comparison. Tapes can be produced in the Television Branch, Health Services Media Division, Academy of Health Sciences, Fort Sam Houston, Texas. The actual taping cost of a five and one-half minute tape, the length of an average Tel-Med tape, is \$16. This cost includes \$7 for the cartridge and \$9 for 30 minutes' salary. Two individuals, GS-7, are required: one to read the script and the other to operate the recording equipment. Additional tapes can be reproduced at the rate of six per hour; thereby reducing the \$16 cost to approximately \$10 each.⁶

In addition to \$16 for an original, the cost of script production must be included. Teletronix, Inc. estimates each tape requires a professional writer 20 hours to write. The 20 hours include research, original script documentation, and eventual rewrites as necessary. Plus a panel of six experts, typically five physicians and one lawyer, review the script prior to its taping. Total cost is estimated to be \$750 per original tape for

Tel-Med.⁷ The military may be able to accomplish the script writing at no extra cost by tasking organizations and personnel based upon existing assets; or costs may be higher if resources are added to develop scripts.

Therefore, the exact cost of each tape produced in-house cannot be accurately determined until the parameters of such a mission are defined. Cost per tape must be based upon resources, mission allocation, and quantity of each tape produced. To produce a tape for a few facilities would be far greater than the average cost for many facilities. However, for comparison, one can assume in-house script production cost to be the same, \$750. If each tape costs approximately \$10 versus \$25 from Tel-med, a \$15 differential exists. A break-even point would occur after the 50th tape is produced (750 divided by 15). Any production of less than 50 tapes would cost more than commercial purchasing.

FOOTNOTES

¹Interview with Karen Pugsley, Captain, ANC, Community Health Nurse, Blanchfield Army Community Hospital, Fort Campbell, Kentucky, 27 March 1984.

²Ibid.

³Interview with Mr. Mark Provost, Manager of Operations, Teletronix, Colton, California, 27 December 1983.

⁴Fee Schedule, Tel-Med, Inc., Colton, California, 1 February 1984.

⁵Interview with Mrs. Lynn Freeman, Director of Volunteers, Sierra Medical Center, El Paso, Texas, 20 December 1983.

⁶Interview with Mr. Coleman Barber, Health Science Media Division, Academy of Health Sciences, Fort Sam Houston, Texas, 13 January and 27 March 1984.

⁷Ibid. Mr. Mark Provost.

III. CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The use of a pre-recorded audio health/medical information system in civilian communities has proven to be frequently and effectively utilized. The systems have increased accessibility to health/medical information, assisted in combatting rising costs by reducing unnecessary visits and aiding consumers in recognizing early signs of illness, and helped access to healthy services by helping patients find appropriate community resources. Furthermore, these systems have increased public relations between consumers and providers at a relatively inexpensive cost. Accurate and comprehensible messages have assisted in changing lifestyle decisions in the general population by promotion preventive medicine, the key ingredient to better health.

The AMEDD consumer in CONUS has shown through the survey instrument they mirror the needs and wants of civilian health care consumers. Consumers in the AMEDD health care system have the same degree of need for health/medical information and turn to the same sources as their civilian counterparts to satisfy that need. Projected AMEDD consumer usage of an information system is in excess of the actual usage of civilian systems and nearly 6 percentage points higher than this project's established criteria.

Providers of care in the AMEDD have uniformly agreed health/medical information is a necessary adjunct to patient care. All four primary groups have indicated, through 81 percent affirmative responses, they would refer patients to a professional made information tape. In addition, most feel such a system would free up two to three hours per week to spend providing better care.

Given the responses of the AMEDD consumers and providers, plus the pre-established criteria, it is concluded that a pre-recorded audio health/medical information system is applicable to the AMEDD in CONUS. Cost determinations must be evaluated on a case-by-case basis at the particular medical treatment facility.

Recommendations

It is recommended that Health Services Command determine which medical treatment facilities in CONUS do and do not have access to a health/medical information system. Those facilities with an available system should be directed to coordinate with the appropriate local health agency to ensure the AMEDD consumers are aware of the service. Dissemination of brochures/ advertising can be accomplished through the local Community Health and Education Program (CHEP) committee and the Community Health Nurse. Other avenues of promotion exist and should be pursued such as military newspapers, daily bulletins, command briefings, and community awareness councils.

Medical treatment facilities which are remote or do not have access to an existing health/medical information system should be considered as a potential site for a system. The determination to purchase a commercial system or to produce tapes at the Academy of Health Sciences must be made by the HSC Commander. Cost determinations, system reliability, and proven efficacy should sway the decision towards a commercial product.

APPENDIX A



HealthLine
370-8282

Now Available 24 Hours A Day

Your Personal
Link To
Health

Expanded
Edition
1984

RESIDENT
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Non-Profit Org
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PAID
Alexandria, VA
Permit No. 192

Alexandria Hospital
4320 Seminary Road
Alexandria, Virginia
22304

"It's a great thing for the community."

J. L. Alexandria

"I think Health-Line is a great idea."

S. L. Springfield

"I've listened to the tapes and found them very good."

L. S. Falls Church

"Health-Line is a wonderful service, and I do appreciate it. I'm an elderly gentleman — and Health-Line is a source of information I use often."

A. M. Alexandria

"I think there is a good range of subjects covered, and they give an amazing amount of information in a short time. It's a very helpful service."

R. R., Washington, DC

"I've always found Health-Line to be very informative and helpful — I turn to Health-Line before anything else."

B. H. Annandale

Health-Line provides the important information you need for yourself and your family.

- It helps keep you healthy with messages on diet, exercise and stress management.
- It helps alleviate unnecessary worry about minor symptoms.
- It deals with children's illnesses and behavior problems.
- It offers advice on common complaints like colds, hayfever and warts.
- It helps you recognize early signs of illness, and aids in adjusting to serious illness or the possibility of an operation.

Health-Line is as easy to use as your telephone.

Simply review the list of topics to make your selection. Then call 370-8282, tell the Health-Line Librarian the number of your selection, and you will be connected to that message at once.

If you're not sure which number to request, the Health-Line Librarian will personally assist you in choosing the right topic.

Health-Line never sleeps. Health-Line is on call all day, every day.

Unlike other phone services, if you call during our regular hours — between 9:30 a.m. and 8:30 p.m. — a Health-Line Librarian will be at hand to talk with you personally.

Since you and your family may need health care information *after* hours, we've developed an automated system that can serve you after 8:30 p.m. and before 9:30 a.m.

How to call after hours:

You need a push-button telephone with true-tone features.

1. Look through our list of topics and find the message you want to hear.
2. Note the three digit number of that selection.
3. Call 370-8282, and follow the instructions. The Health-Line Library is updated constantly. You can call any evening for a current listing of after-hour messages available.

Health-Line is an invaluable information system. It is *not*:

- An emergency service — *If you have an emergency, the Alexandria Hospital Emergency Department is open 24 hours a day to serve you.*
- A diagnostic service
- A replacement for your doctor

If you need a doctor, we can help.

Health-Line messages do not tell you why you are sick, only your doctor can do that. If you do not have a personal doctor, call the Alexandria Hospital Physician Referral Service at 379-3424.

Alexandria Hospital can put you on course for health.

Alexandria Hospital offers community health education programs, activities and lectures on health topics and preventive medicine.

We're a private, non-profit *community* hospital. Our central location, easy access to major highways, as well as the quality and extent of our services make Alexandria Hospital a facility which attracts residents from the entire metropolitan area. We are owned and operated by a non-stock corporation made up of residents in the community we serve. We are not affiliated with local, state or federal governments.

Since Health-Line is a free community service, donations to offset the costs of operation are appreciated.

It's a question of health, the answer is personal, confidential, and *free*...on Health-Line.

If however your health care question — whether it's on first aid, natural childbirth, diet, drugs, depression, infectious disease — all you have to do is pick up the phone and call Health-Line. You'll get the information you need immediately, in clear, easy-to-understand terms. It's an Alexandria Hospital service that allows you to learn in the privacy of your own home whenever you wish. You don't have to give your name or any explanation, and best of all, it's *absolutely free*.

It's the most comprehensive program of its kind in Northern Virginia.

We've put the most extensive collection of health topics right at your fingertips. Our Health-Line Librarian can connect you with any one of nearly 300 messages. Each four to six-minute message has been prepared by experts in the field, then carefully reviewed by members of the medical staff at Alexandria Hospital. But our health service doesn't stop when the health message does. A unique feature is that, should you need further information, we'll give you a number to call for additional resources or a physician referral.

Health-Line

370-8282

© 1984 Alexandria Hospital

- 197 How to use Health-Line
198 How to become a Professional Nurse
199 Employee Assistance Program (EAP)

COMMON HEALTH CONCERNS

- 416 Having headaches?
125 The common cold
263 The flu
118 Sinusitis
408 Lice are not nice!
160 I think I have athlete's foot
223 Calluses and corns
109 Warts
117 Constipation a problem?
413 Let's talk about hemorrhoids
234 Living with hayfever
305 Insect stings
270 Dietary treatment of an ulcer
169 Have you a chronic cough?
105 Varicose veins
215 Genital herpes and cold sore virus
417 Herpes management
405 What causes asthma?
233 The treatment of asthma
321 Peptic ulcers
311 Shingles
418 Sore throat
104 Wondering about ear-piercing?
336 Hearing loss from otosclerosis
363 Plantar warts
436 Anemia
261 What kidneys do for you
159 Secret cure for cancer
271 The colonoscopic examination
342 Facing an operation
138 Biopsy—what and why?
456 Hiatal hernias
457 Inguinal hernia in adults
455 Thyroid studies

Emergencies: Care and Safety

- 250 First aid for burns
251 About head injuries
332 First aid at an auto accident
345 Understanding shock
254 Carbon monoxide—the silent killer
275 Rabies and animal bites
259 Medic alert could save your life
241 Common injuries in children
365 Tap water scald injuries
422 Do I have appendicitis?

Contraception

- 269 Contraception—it's your choice
133 The pill in perspective
106 The pill—questions and answers
136 The pill—more questions
170 The diaphragm as a contraceptive
206 The condom as a contraceptive
124 IUD facts
320 Laparoscopy and tubal ligation
139 Thinking about vasectomy?
111 Natural birth control

Drugs and Alcohol

- 355 How to use prescription products
354 Over-the-counter medications
134 Re-using medicines
132 Medicine—more is not better
296 Aspirin
434 Water pills or diuretics
298 Sleeplessness and sleep inducers
294 Cortisone
289 Drugs—generic or brand name
337 Drugs during pregnancy
353 Drugs, pregnancy, and the unborn
372 The pros and cons of Laetrile
145 What is a drug?
219 Drug freak-outs and bad trips
217 Marijuana
143 Depressant drugs and combinations
165 Speed, amphetamines and substitutes
318 Cocaine
248 LSD, MDA, peyote and psilocybin
243 Qualudes or sopors
349 PCP (Phencyclidine)
164 Alcohol is a drug
403 Overuse of alcohol hurts your health
352 Rums, wine, and drinking
273 Problem drinking
305 Sporting problem drinking
119 Living with an alcoholic?

- 292 The hyperactive child
232 Your child and sleep problems
260 Earache in children
172 My child has a fever
240 Vomiting in children
239 Diarrhea in children
336 Croup
335 Measles
348 Mumps
340 Meningitis
266 Pinworms
350 Ringworms
367 Pharyngitis or PKU?
341 Sickle cell anemia
146 Your child has diabetes?
244 Sudden infant death syndrome
142 Impetigo trouble?
257 Rose's syndrome
235 What to do about eczema
173 My child has a bad cold
112 Where babies come from
(for 6-9 year old children)
212 Where do babies come from?
(for 10-year old children)
423 You've got chickenpox!
426 Are you afraid? I'm afraid
259 Chris Curious and home safety

- 253 Chris Curious gets poison ivy
249 Who needs acne?

About Your Eyes

- 236 Something in your eye?
345 What about cataracts?
342 Do you know if you have glaucoma?
323 Size in your eyelid
442 Eye donation
443 Corneal transplantation
255 Do you have double vision?
440 Lazy eye or amblyopia

Special Subjects

- 315 Depression
211 Thinking of suicide?
119 Living with an alcoholic?
274 Facing loneliness when you're older
450 Battered women
451 Child sexual abuse
454 Alzheimer's and senility

HEALTH PROMOTION AND WELLNESS

- 370 What's wellness?
356 Summer safety for kids over 60
362 Winter wisdom for kids over 60
412 Stress management
120 Saving your back
153 Breast self-examination

Exercise

- 141 Physical fitness through exercise
204 No time for exercise?
150 Exercise

Food and Diet

- 161 Food for health
216 Have a weight problem?
313 The magic formula for weight loss
162 Health foods and fad diets
319 Are vitamin supplements necessary?
149 Obesity
458 Anorexia nervosa
404 Special dietetic foods
122 The bulimian story
163 Will the food I serve cause illness?
168 Tips on keeping food safe
224 Are you a vegetarian?
357 Planning economic nutritious meals
358 Meal planning and marketing tips
359 Eat well for less
270 Dietary treatment of an ulcer
307 Nutrition during pregnancy

Smoking

- 407 Today's smokers
421 Quit cigarettes—live longer!
225 Is smoking really dangerous?

Immunization

- 371 Why immunize for tetanus?
247 Are you protected against polio?
171 Immunizations for travel
366 Immunize—end childhood diseases
166 What shots should my child have?

For Parents

- 304 Keeping children healthy in winter
276 Keeping children healthy in spring
277 Keeping children healthy in summer
147 Keeping children healthy in fall
369 Hello grandparents
287 Nourishing snacks for little people
366 Immunize—end childhood diseases
166 What shots should my child have?
258 Will your child be poisoned today?
364 Keep your child from choking
339 Pets in the home
333 Sibling relationships
447 Sibling relationship questions
361 Responsibilities: Child to Parent
360 Responsibilities: Parent to Child
252 Play—why and with what
267 The infant ICU (Intensive Care Unit)
437 Preventing developmental disabilities
341 Common injuries in children
365 Tap water scald injuries
292 The hyperactive child
232 Your child and sleep problems

DISEASES

- 422 Do I have appendicitis?
317 Diabetes? What does it mean?
237 Epilepsy—control and treatment
175 Living and working with an epileptic person
200 What is cerebral palsy?
175 Parkinsonism
424 What is multiple sclerosis?
262 Emphysema
344 Lung disease caused by dust
220 Infectious mononucleosis
110 Viral hepatitis
437 Pneumonia
432 Legionnaires' disease
441 Gullstones
121 Infection and kidney disease
248 What about cataracts?
242 Do you know if you have glaucoma?
454 Alzheimer's and senility
452 A.I.D.S.—What is it?
453 A.I.D.S.—Symptoms and diagnosis
Heart and Blood Vessels
420 Understanding a heart attack
149 Obesity
150 Exercise
401 Atherosclerosis
312 High blood pressure

- 144 What is hardening of the arteries?
146 Prevent hardening of your arteries?
152 Prevention of a heart attack
135 Foot care if you have diabetes or poor circulation
291 Heart pacemakers
303 What are the dangers of hypertension?
Arthritis
210 What you should know about arthritis
278 Living a full life with arthritis
280 Osteoarthritis: a conversation
281 Rheumatoid arthritis
282 Aspirin and arthritis
246 Arthritis and children
103 What do you know about gout?
279 What is ankylosing spondylitis?
218 Systemic lupus erythematosus

Cancer

- 107 What is cancer?
138 Biopsy—what and why?
155 Protect yourself against cancer
368 Cancer is being cured
154 Cancer of the larynx
156 Cancer of the lung
225 Is smoking really dangerous?
203 Cancer of the breast
322 Cancer of the skin
209 Cancer of the colon and rectum
331 Testicular cancer
157 Cancer of the uterus
264 What is Hodgkin's disease?
265 Treatment of Hodgkin's disease
272 Selection of cancer treatment
372 The pros and cons of Laetrile
159 Secret cure for cancer
271 The colonoscopic examination
158 What is leukemia?

Venereal Disease

- 410 Sexually transmitted disease
309 Venereal disease
445 Syphilis
108 Gonorrhea and syphilis
140 Gonorrhea and women
215 Genital herpes and cold sore virus
417 Herpes management
452 A.I.D.S.—What is it?
453 A.I.D.S.—Symptoms and diagnosis

OF INTEREST TO WOMEN

- 153 Breast self-examination
137 Rehabilitation after mastectomy
265 Mammography and xerography
268 Mothers, daughters, and D.E.S.
324 Your hysterectomy
306 Having a D & C
450 Battered women
203 Cancer of the breast
458 Anorexia nervosa
Pregnancy and Childbirth
308 Before you begin your pregnancy
116 Can't become pregnant?
167 What is the Rh factor?
444 Rh negative management
283 Amniocentesis
343 Fetal monitoring
337 Drugs during pregnancy
353 Drugs, pregnancy, and the unborn
207 Nutrition during pregnancy
435 The pregnancy at risk
446 Danger signals in pregnancy
448 Breast feeding—Part I
449 How to breast feed—Part II

Contraception and Unwanted Pregnancy

- 415 Could I be pregnant?
269 Contraception—it's your choice
133 The pill in perspective
106 The pill—questions and answers
136 The pill—more questions
170 The diaphragm as a contraceptive
206 The condom as a contraceptive
124 IUD facts
320 Laparoscopy and tubal ligation
139 Thinking about vasectomy?
123 An unwanted pregnancy?
310 Facts about abortion
111 Natural birth control

Menstruation

- 317 Menstruation
346 Living with your menstrual cycle
406 Pain during menstruation
222 Menopause problems?
221 Menopause—questions and answers
Infection and Disease
316 Vaginal discharge
419 Vaginal infections
409 Vaginal infections—yeast
439 Vaginal infections—trichomonas
351 Vaginal discharge treatment
318 Women and urinary tract infections
433 Women and high blood pressure
438 Toxic shock syndrome
140 Gonorrhea and women

Health-Line is always available, 24 hours a day, 7 days a week, 52 weeks a year.
9:30am-8:30pm Personalized Service. A Health-Line Librarian will be there to help you personally.
8:30pm-9:30am and Holidays Automated Service. Our fully computerized service will be available.



is on call 24 hours a day.

Health-Line Library

Phone 370-8282 for nearly 300 listings



REPLY FORM

Alexandria Hospital is your community resource. I send:

Please tear off at perforation and mail to:
Public Relations Dept., Alexandria Hospital
1320 Seminary Road, Alexandria, VA 22304

- ☐ Please send future editions of the Health-Line brochure.
- ☐ I'd like to become a Health-Line volunteer.
- ☐ Enclosed is a donation to Health-Line.
- ☐ I think you should add Health-Line messages on the following topics:
- _____
- _____
- _____
- ☐ I'd like to receive information on your other Health Education programs.

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

If you have friends or relatives who would be interested in hearing about Health-Line and Alexandria Hospital, please put their names below:

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

ALCOHOL AND DRUGS Early Signs of an Alcohol Problem Responsible Decisions About Drinking

160
161
10
12
21
25
31
34
35
44

ASSERTIVENESS AND SELF-CONFIDENCE

How to Say "No"
Re-examining My Values
Coping With Shyness
Self-Defense
Increasing Self-Awareness
Building Self-Esteem and Confidence
Learning to Accept Yourself

COMMON EMOTIONAL PROBLEMS

Fighting Conscientiously
Expressing Negative Thoughts and Feelings
Dealing With Constructive Criticism
Dealing With Anger
Understanding Jealousy and How to Deal With It
When Should I Seek Outside Help for Personal Problems?

32
33
33
431
432
433

How to Deal With Loneliness
How to Handle Fears
What is Depression?
How to Deal With Depression:
Depression as a Lifestyle

DEATH AND DYING

Death and Dying
Understanding Grief
Understanding Grief
Helping a Friend
Coping in Intimate Relationships
Examples of Constructive Building

INTERPERSONAL RELATIONSHIPS

Helping a Friend
Coping in Intimate Relationships
Examples of Constructive Building
MARRIAGE, FAMILY AND PARENTS
Intimacy in Marriage
Things to Consider in Looking for a Mate
Public Communication and Sexual Fulfillment
in Marriage

SEXUALITY AND SEX ROLES

Sexual Intimacy
Dating Skills
Female Homosexuality
Male Homosexuality
Dealing With Jealousy
Dealing With Impotency
Dealing With Problems in Male Sexuality
Female Sex Role — Changes and Stressors
Male Sex Role — Changes and Stressors
Education of Love?

SPRINGS

491
492
30
36

Suicide
Recognizing Suicidal Potential in Others
TENSION
Feeling and Possible Ways to Cope With It
Coping with Stress
Coping

What is Tel-Med/Counseling?

Tel-Med/Counseling, sponsored by the Sierra Medical Center Auxiliary, is a free health information listening library that operates 24 hours a day, seven days a week. One phone call to Tel-Med/Counseling can provide information about a common illness or injury, or day-to-day living problem. It is not, however, an emergency number — it is simply a health information service.

There are more than 300 Tel-Med systems in the United States, all originating from Tel-Med, Inc., the national group based in San Bernardino County in California. Tel-Med, Inc. has over 300 health tapes to choose from.

The Counseling Program was developed by the Counseling-Psychological Services Center of the Hogg Foundation. There are approximately 40 Counseling systems in the United States, with 70 tapes to choose from.

The El Paso Tel-Med/Counseling Library, currently numbering over 250 tapes, is supported by the Sierra Medical Center Auxiliary and the community. The most commonly requested tapes are also available in Spanish, through funding provided by the Gannett Foundation. The Spanish tape listing is available upon request.

How Does Tel-Med/Counseling Work?

Simply call 778-6688 and give the operator the number of the tape you wish to hear. A complete list of available tapes is listed inside this brochure.

For example: If you would like to know more about caring for your newborn baby, just dial 778-6688 and ask for Tape #261: Care of the Newborn. The operator will then play the tape for you. If you wish to hear the same tape over again, or any other tape, just call back and the operator will be happy to play it for you.

You can listen to Tel-Med/Counseling taped messages over the phone in the privacy of your home. Each tape is three to five minutes long, and is presented in easy-to-understand language.

Tel-Med/Counseling is approved by the El Paso Medical Society. A project of Listen America, Tel-Med/Counseling is supported by the community.

Who Promotes Tel-Med/Counseling?

Helping to promote Tel-Med/Counseling and its full library of tapes are participating physicians and local health care agencies, 7-11 Stores throughout El Paso, and the Sierra Medical Center Auxiliary.

Important:

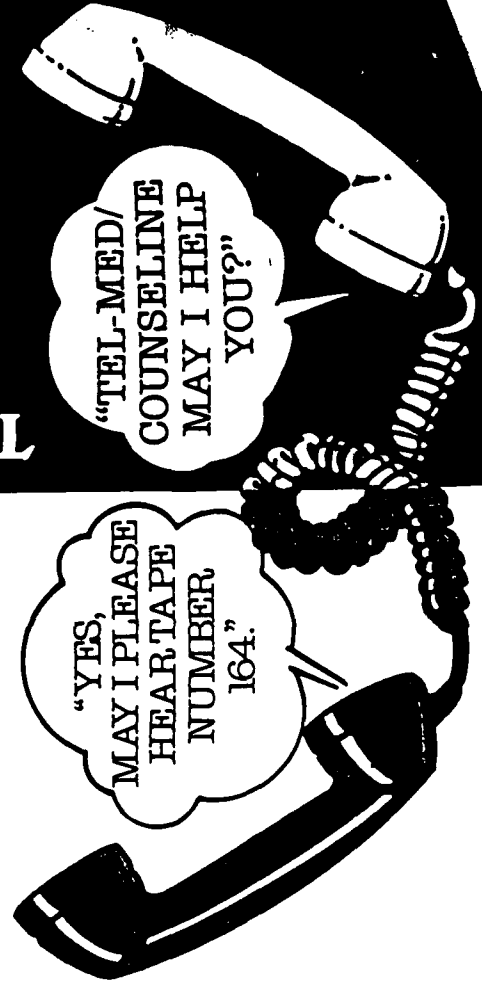
Tel-Med/Counseling is not an emergency number. If you have a medical emergency, please dial 911.

If you need more information about a particular subject, or need help for other than emergency situations, you can call the El Paso Information and Referral Helpline at 779-1800.

(915) 778-6688

TEL-MED/COUNSELING
Your One Phone Call To Better Health
24 Hours A Day
Sponsored by Sierra Medical Center Auxiliary

APPENDIX B

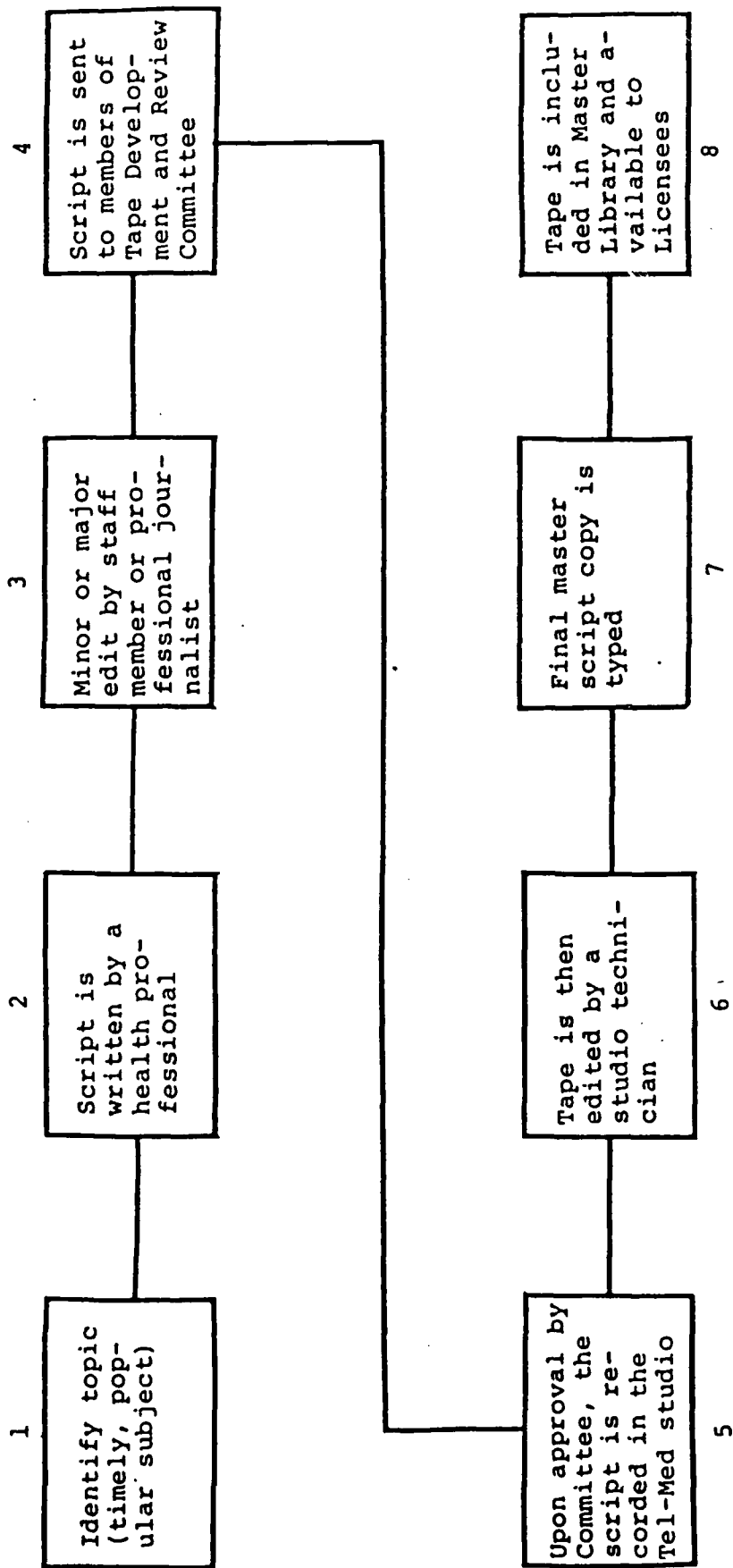


TEL-MED/COUNSELING (915) 778-6688

El Paso's only 24-hour health information service.

ALCOHOL PROBLEMS	GENERAL	PLASTIC SURGERY
942 Alcoholism - The Scope of the Problem	565 Hypoglycemia	1030 Cosmetic Surgery of the Breasts
943 Is Drinking A Problem?	567 Allergies	1040 Feet Lifts
945 So You Love An Alcoholic	625 Multiple Sclerosis	1041 Rhinoplasty - Plastic Surgery of the Nose
ARTHRITIS-REHEUMATISM	1140 Blood in the Urine	PODIATRY
126 Gout	1141 Kidney and Urinary Tract Infections	22 Foot Care for Diabetics
127 Arthritis-Rheumatism	1168 Scoliosis	5013 Corns, Calluses, Hammer Toes, and Bunions
128 Rheumatoid Arthritis	HEART	5014 Heel & Arch Pain
129 Burns	21 Cigarettes & Heart Disease	PUBLIC HEALTH
BIRTH CONTROL	23 Diet & Heart Disease	6 Venereal Disease
1 Vasoectomy	25 Hypertension & Blood Pressure	19 Ways to Cut Medical Costs
53 Tubal Ligation	26 Stroke & Atherosclerosis	52 Lic - Public Health & Body
55 The Pill	27 Health & Heart Checkups	155 Medicare
56 Intrauterine Devices	28 How to Decrease Risk of Heart Attack	162 Hepatitis
58 Depo-Medrol, Foam and Condom	29 Atherosclerosis & High Blood Pressure	571 AIDS
CANCER	30 Angina Pectoris	5005 Emergency Medical Services
6 Breast Cancer	63 Early Warning of Heart Attack	5017 Rabies
176 Cancer of the Prostate Gland	65 Chest Pains	RESPIRATORY
178 Rehabilitation of the Breast Cancer Patient	72 Heart Failure	7 What a Case of Pneumonia Means
179 Lung Cancer	1111 Exercise and Your Heart	13 Pulmonary Emphysema
180 Cancer of the Colon and Rectum	5008 Don't Be Stuck Out by Stroke, Stroke Back!	90 Hay Fever
181 Cancer - The Curable Disease	5010 Cardiac Rehabilitation, After Heart Attack and/or Heart Surgery	576 Bronchial Asthma
183 Cancer - Seven Warning Signals	MEN	580 Dust Diseases
184 Hodgkin's Disease	1 Vasectomy	581 Chronic Cough
185 Cancer of the Skin	175 Fears of the After-Forgo Men	582 Shortness of Breath
186 Gynecologic Cancer	MENTAL HEALTH	5009 Breathe Better Through Pulmonary Rehabilitation
188 Radiation Therapy for Cancer	33 Tension	SAFETY
190 Thyroid Cancer	144 Emotional Experiences of the Dying	3 Can Medicines in the Home Poison a Child?
521 Cancer of the Bladder	159 Upset Emotionally? Help is Available	147 The Lady Living Alone
523 Cancer of the Larynx	432 Psychosomatic Illness - Is It All in Your Head?	405 Rape - A Crime of Violence Against Women
524 Cancer of the Mouth	726 What Marriage Counseling Can Do For You	406 Accidents, Safety, and Young Children
525 Cancer of the Stomach	5003 What is Mental Retardation?	SNUN DISORDERS
ONE OF THE PATIENT IN THE HOME	NUTRITION	82 Why the Mystery About Poisoning
164 Your Family Health	23 Diet & Heart Disease	114 Plantar Warts and Moles
165 Heart Care for the Bedridden Patient	601 Low Salt Diet	172 Acne
167 Exercise for the Bedridden Patient	604 Cholesterol in Your Diet	SMOKING
168 How to Take Temperature, Pulse and Respiration	606 A Guide to Good Eating	21 Cigarettes & Heart Disease
169 Hospital Care for the Terminally II	609 Nutrition in Pregnancy	696 How Smoking Affects Your Health
GILBERT	609 Answers to Questions Often Asked About Diabetic Diet	700 Effects of Cigarette Smoke on Non-Smokers
3 Can Medicines in the Home Poison the Child?	PARENTS	VENEREAL DISEASE
10 Poisons in the Home	50 Teen Years - Age of Rebellion	6 Venereal Disease
18 Tetanus	51 When New Baby Creates Jealousy	15 Syphilis
28 Rheumatic Fever	133 Advice for Parents of Teenagers	16 Gonorrhea
48 Rubella Suffering	402 Where Did I Come From, Mama?	970 Herpes
49 No No - What Does It Mean to the Toddler?	4004 The Single Parent Family	WOMEN
75 Enuresis in Children	4009 The Young Hyperactive Child	31 Vaginitis
85 Pelvic Phlegm	4011 What Kind of Parent am I?	42 I'm Just Tired, Doctor
228 Limping in Children	4021 Discipline & Punishment - Where Do You Stand?	173 Menopause
230 Cold Lip and Palate	4022 Helping Your Child Get Ready to Read	182 What is a Pap Test?
232 Speech Problems in Children	PHYSICAL FITNESS	526 Mammography
238 Necessary Inoculations for Your Children	1082 Sports Tips for Youngsters	882 Emotional Feeling After Childbirth
243 Care of the Newborn	1083 Little League Elbow	883 Caring For Yourself After a Baby
368 Neurule Dysplasia in Children	1101 Exercising - Warm Up Slowly	884 Menstruation
488 Tammy Can No Longer Out	PREGNANCY	885 Toxic Shock Syndrome
488 Personal Hygiene for a Child	5 Early Prenatal Care	889 Hysterectomy
498 Child Protective Services	24 Abortion	
498 Child Abuse	32 Unwanted Pregnancy	
	66 What Causes Miscarriages	
	67 Warning Signs of Pregnancy	
	606 Nutrition in Pregnancy	
	5006 Lactase	
	5007 Have the Bath	

APPENDIX C
TAPE DEVELOPMENT
FLOWCHART



APPENDIX D
Survey Questions To Consumers

Please answer all the following questions to the best of your knowledge. Your answers will be kept confidential. There is no need to sign or in anyway disclose your identity on this survey.

1. Within the past year, have you had a need for information on health or disease? Yes ____ No ____
2. Within the past year, have you had difficulty obtaining health or disease information? Yes ____ No ____
3. Where have you sought medical information within the past year? Please rank on a scale of one to eight with one being the most frequent and eight being the most seldom. If you have not used all eight sources, rank only those you have used.

- ____ Provider (Physician, Physician Assistant, Nurse, Allied Health Scientist)
- ____ Public Library
- ____ Tel-Med
- ____ Articles (Journals, Magazines, Books, Newspapers)
- ____ Television
- ____ Federal and State Agencies (Other Than Your Local Military Treatment Facility)
- ____ Friends/Relatives
- ____ Other

4. Would you use an audio (taped message) medical information system if it were available by telephone? Yes ____ No ____
5. Would you trust the medical information provided by a taped message? Yes ____ No ____
6. Would you follow the advice given on a taped message? Yes ____ No ____
7. Would a taped message on medical information make you feel more at ease with your, or your family's, medical problem? Yes ____ No ____
8. Would you use the service:

- ____ For your entire family.
- ____ Only for yourself.
- ____ Only for other members of your family.
- ____ Not at all.

Survey Questions To Consumers
(Continued)

9. I am a ____ Male ____ Female.

10. My race is ____.

11. My education level is ____ years.

12. My age is ____.

13. My present status is:

- ____ Active Duty
- ____ Dependent of Active Duty
- ____ Retired Active Duty
- ____ Retired Dependent

11

APPENDIX E
Survey Questions for Providers

Please answer all the following questions to the best of your knowledge. Your answers will be kept confidential. There is no need to sign or in anyway disclose your identity on this survey.

1. How important a component of patient care is patient access to information on health and disease?

- ☐ Extremely Important
- ☐ Moderately Important
- ☐ Of Little Importance
- ☐ Undesirable
- ☐ Extremely Unimportant

2. Do you believe information on health and disease is equally important for all or just some patients?

- ☐ All
- ☐ Some

3. Are you aware of a pre-recorded audio medical information system in the AMEDD?

- ☐ Yes Location: _____
- ☐ No

4. Are you aware of any pre-recorded audio medical information system outside the AMEDD?

- ☐ Yes Type or Title: _____ (Tel-Med/Health-Line)
- ☐ No

5. Would you refer your patients to a professionally made taped message concerning their health problem? ☐ Yes ☐ No

6. How much would you trust a professionally produced pre-recorded message on your patient's medical problem?

- ☐ Without Question.
- ☐ Very Much
- ☐ A Little
- ☐ Very Little
- ☐ Not at All

7. Estimate how much of your time would be freed up if your patients had access to audio health information systems. _____ hours

8. I am a:

- | | |
|--|-------------------|
| <input type="checkbox"/> Physician | _____ (Specialty) |
| <input type="checkbox"/> Physician Assistant | _____ (Specialty) |
| <input type="checkbox"/> Nurse | _____ (Specialty) |
| <input type="checkbox"/> Allied Health Scientist | _____ (Type) |

TEL-MED



U.S. ARMY
COMMUNITY
HOSPITAL

FOREWORD

TO THE TEL-MED HEALTH CARE INFORMATION SYSTEM

TEL-MED is a telephonic health care information system that is available to you through the COL FLORENCE A. BLANCHFIELD ARMY COMMUNITY HOSPITAL at Fort Campbell, Kentucky. The TEL-MED Library is designed to give you information on how to:

- Remain Healthy
- Recognize Early Signs of Illness
- Adjust to an Illness or Surgery
- Prevent Some Health Problems.

It is NOT to be used:

- In an Emergency
- To Find Out What Your Illness Is
- To Replace Your Doctor
- To use the system call 798-7305 and request the name or number of the tape you wish to hear. The TEL-MED System is open for calls 24 hours a day. A complete listing of the tapes, by category, are on the following pages.

TEL-MED is not designed to tell you why you are sick - only a doctor can tell you that. If you need a medical appointment, call the Center Appointment Desk at 431-3404, or if you are in the hospital area call extension 7201. For emergencies call the Emergency Room at 798-8000. For emergency ambulance, call 798-8100.

REMEMBER - THE TEL-MED HEALTH CARE INFORMATION SYSTEM IS HERE TO HELP YOU REMAIN HEALTHY AND TO PREVENT ILLNESS.

LIST OF TEL-MED TAPES BY CATEGORY

TAPE NUMBER

TITLE

ALCOHOLISM

942 Alcoholism: The Scope of the Problem
946 How AA Can Help the Problem Drinker
943 Is Drinking a Problem?
945 So You Love an Alcoholic
944 To Drink or Not to Drink

BIRTH CONTROL

54 Birth Control
58 Diaphragm, Foam and Condom
68 Infertility
56 Intrauterine Devices
55 The Pill
57 The Rhythm Method
1 Vasectomy

CANCER

6 Breast Cancer
521 Cancer of the Bladder
520 Cancer of the Bone
522 Cancer of the Brain
180 Cancer of the Colon
181 Cancer, The Curable Disease
523 Cancer of the Larynx
524 Cancer of the Mouth

LIST OF TEL-MED TAPES BY CATEGORY (Continued)

TAPE NUMBER

TITLE

CANCER (Continued)

176 Cancer of the Prostate Gland
177 Cancer - Patient Services and Rehabilitation Information
185 Cancer of the Skin
525 Cancer of the Stomach
183 Cancer, Seven (7) Warning Signals
189 Childhood Cancers
187 Drugs that Treat Cancer
184 Hodgkins Disease
192 Leukemia
179 Lung Cancer
188 Radiation Therapy for Cancer
178 Rehabilitation of Breast Cancer Patients
190 Thyroid Cancer
186 Uterine Cancer
182 What is a Pap Test?

CHEST, STOMACH AND BACK

78 Appendicitis
199 Colitis and Bowel Disorders
631 Gall Bladder Trouble
198 Hiatal Hernia
1141 Kidney and Urinary Tract Infection
77 Kidney Stones
219 Laxatives

LIST OF TEL-MED TAPES BY CATEGORY (Continued)

<u>TAPE NUMBER</u>	<u>TITLE</u>
--------------------	--------------

CHEST, STOMACH AND BACK (Continued)

196	Peptic Ulcers
44	Ulcers
194	What Happens When a Disc Slips?
2	What is a Normal Bowel

CHILDHOOD DISEASES

229	Chicken Pox
225	Croup
223	Diabetes in Children
227	Measles
224	Mumps
381	Muscular Dystrophy in Children
20	Rheumatic Fever
239	Whooping Cough

CHILD MEDICAL PROBLEMS

71	Aspirin for Children
3	Can Medicines in the Home Poison Your Child?
73	Ear Aches in Children
220	Limping in Children
226	Should I Keep My Child Home?
262	Sudden Infant Death Syndrome (SIDS)
263	Teething
400	Tommy Gets His Tonsils Out

LIST OF TEL-MED TAPES BY CATEGORY (Continued)

<u>TAPE NUMBER</u>	<u>TITLE</u>
--------------------	--------------

CHILDREN AND RECREATION

406	Accidents, Safety and Young Children
1082	Sports Tips for Youngsters

COMMON PROBLEMS

172	Acne
37	Backaches
193	Baldness and Falling Hair
79	Dandruff
630	Diarrhea
90	Hay Fever
4	Hemorrhoids
36	Hiccups
45	Indigestion
201	Neck Pains
75	Pinworms
70	Sore Throat
33	Tension
61	The Meaning of Fever
35	Understanding Headaches
<u>DENTAL</u>	
312	Abscessed Teeth: Can Be Saved
323	Are You Afraid of the Dentist?
309	Canker Sores and Fever Blisters

LIST OF TEL-MED TAPES BY CATEGORY (Continued)

<u>TAPE NUMBER</u>	<u>TITLE</u>
<u>DENTAL (Continued)</u>	
303	Dental Plaque
315	Dental X-Rays - Really Necessary
304	Diet Tips for Dental Health
302	Effective Toothbrushing
301	Flossing Your Teeth
310	How Important are Baby Teeth
305	Malocclusion - Crooked Teeth
307	Seven (?) Warning Signs of Gum Disease
306	What About Wisdom Teeth?
311	What Not To Do For a Toothache
313	What You Don't Know About Dentures Can Hurt You
314	We Know What Causes Bad Breath, Do You?
321	Which Toothpaste?
308	Why and When Some Teeth Have To Be Replaced
<u>DIET</u>	
604	A Guide to Good Eating
609	Answers to Questions About Diabetic Diets
603	Breakfast, Why Is It Important?
600	Cholesterol in Your Diet
605	Food Stamps and Good Nutrition
602	How Important are Trace Minerals in Your Diet
601	Low Salt Diet
608	Snacks

LIST OF TEL-MED TAPES BY CATEGORY (Continued)

<u>TAPE NUMBER</u>	<u>TITLE</u>
<u>DISEASES AND MOOILY DISORDERS</u>	
131	Arthritis and Quackery
127	Arthritis Rheumatism
1140	Blood In The Urine
129	Bursitis
236	Cystic Fibrosis
662	Diverticulosis - Diverticulitis
580	Dust Diseases
125	Epilepsy
126	Gout
162	Hepatitis
577	Histoplasmosis
565	Hypoglycemia
969	Infectious Mononucleosis
38	Influenza
238	Meningitis
825	Multiple Sclerosis
128	Rheumatoid Arthritis
124	Shingles
566	Sickle Cell Anemia
11	You May Have Diabetes and Not Know It
<u>DISEASES THAT AFFECT BREATHING</u>	
576	Bronchial Asthma
581	Chronic Cough

LIST OF TEL-MED TAPES BY CATEGORY (Continued)

TAPE NUMBER TITLE

DISEASES THAT AFFECT BREATHING (Continued)

90 Hay Fever
13 Pulmonary Emphysema
582 Shortness of Breath
7 What a Case of Pneumonia Means

DRUG ABUSE AND USE

136 Amphetamines and Barbiturates (Up & Down Drugs)
139 Help Yourself Get Well
141 How New Medicines are Tested
140 How Safe are Drugs
134 LSD
137 Marijuana
138 Narcotics
171 Prescription Medicine

EXTREMITIES

22 Foot Care for Diabetics & Others with Poor Circulation
47 Leg Cramps and Aches
191 Varicose Veins

EYES

472 Cataracts
9 Glaucoma
85 Pesky Pinkeye
474 Presbyopia -- Do You Need Reading Glasses?
470 Seeing Spots and Floaters

GENERAL

118 Animal Bites
1165 Bite Injuries to Your Dog or Cat
59 Blood Transfusion/Blood Bank

LIST OF TEL-MED TAPES BY CATEGORY (Continued)

TAPE NUMBER TITLE

GENERAL (Continued)

160 Cockroaches
167 Exercise for the Bedridden Patient
1101 Exercising: Warming Up Slowly
175 Fears of the After Forty Man
64 Flies: Dirty and Dangerous
1081 Health Hints for Campers
165 Home Care for the Bedridden Patient
1180 Homosexuality
168 How to Take Temperature, Pulse & Respiration
1050 Male Sexual Response
174 Masturbation
166 Medical Supplies for the Home
122 Sleep is Kind
152 Social Security and SSI
89 Treatment Using Cold
429 What is Tel-Med?
164 Your Family Health
1166 Your New Puppy
READ AND THROAT
725 Brain Damage Recovery
473 Facts and Fallacies about Contact Lenses
450 From Hearing Loss to Hearing Aid
451 Hearing Loss from Noise
235 Large and Protruding Ears

LIST OF TEL-MED TAPES BY CATEGORY (Continued)

<u>TAPE NUMBER</u>	<u>TITLE</u>
<u>HEAD AND THROAT (Continued)</u>	
52	Lice: Pubic, Head and Body
17	Lockjaw
76	Otosclerosis: One Cause of Hearing Loss
80	Ringworm
18	Tonsillectomy
<u>HEART</u>	
30	Angina Pectoris
29	Atherosclerosis and High Blood Pressure
65	Chest Pains
21	Cigarettes and Heart Disease
23	Diet and Heart Disease
63	Early Warnings of Heart Attack
107	First Aid for Persons Suspected of Having a Heart Attack
27	Health and Heart Checkups
72	Heart Failure
28	How to Decrease the Risk of Heart Attack
25	Hypertension and High Blood Pressure
26	Stroke and Apoplexy
<u>MENTAL HYGIENE</u>	
144	Emotional Experiences of the Dying
159	Hypnosis
726	Psychosomatic Illness
727	Schizophrenia
432	Upset Emotionally? Help is Available.
728	When Should I See a Psychiatrist?

LIST OF TEL-MED TAPES BY CATEGORY (Continued)

<u>TAPE NUMBER</u>	<u>TITLE</u>
<u>OTHER CHILD PROBLEMS</u>	
471	Children's Vision
230	Cleft Lip and Palate
231	Hearing Loss in Children
239	Necessary Inoculations for Your Children
200	Normal Feet in Children
401	Personal Hygiene
232	Speech Problems in Children
403	The Young Child's Eating and Meals
48	Thumb Sucking
81	Tics: A Child's Outlet for Anxiety
<u>PARENTS AND CHILDREN</u>	
133	Advice for Parents of Teenagers
404	Brothers and Sisters Getting Along
408	Discipline and Punishment: Where do You Stand?
433	Full Time Foster Care of Children
49	No-No: What Does it Mean to the Toddler?
50	Teen Years - Age of Rebellion
407	The Man in Your Young Child's Life
405	The Single Parent Family
51	When a New Baby Creates Jealousy
402	Where Did I Come From, Momma?

LIST OF TEL-MED TAPES BY CATEGORY (Continued)

<u>TAPE NUMBER</u>	<u>TITLE</u>
<u>PREGNANCY</u>	
12	Am I Really Pregnant
69	Artificial Insemination
881	Breast Feeding Your Baby
261	Care of the Newborn
883	Caring for Yourself After a Baby
5	Early Prenatal Care
882	Emotional Feelings After a Childbirth
606	Nutrition in Pregnancy
260	Supplies for the Newborn
62	The Premature Baby
32	Unwanted Pregnancy
67	Warning Signs of Pregnancy
66	What Causes Miscarriage
<u>SAFETY</u>	
41	Are You Ready for the Skiing Season
60	Power Lawn Mower - Dangerous Tool
150	Seat Belts for Safety
151	The Dangerous Driver

SKIN DISEASES AND DISORDERS

86	Are Old Age Freckles Dangerous
83	Impetigo

LIST OF TEL-MED TAPES BY CATEGORY (Continued)

<u>TAPE NUMBER</u>	<u>TITLE</u>
<u>SKIN DISEASES AND DISORDERS (Continued)</u>	
519	Itching Skin
82	Why the Mystery About Psoriasis?
<u>SMOKING</u>	
697	Do You Want to Quit Smoking?
700	Effects of Cigarette Smoke on Non-Smokers
699	Gimmicks to Help You Quit Smoking
696	How Smoking Affects Your Health
695	Reducing the Risks of Smoking
693	Weight Control While Quitting Smoking
698	What Do You Get Out of Smoking?
<u>VENEREAL DISEASE</u>	
16	Gonorrhea
970	Herpes
15	Syphilis
8	Veneral Disease
<u>WOMEN</u>	
24	Abortion
34	Anemia
39	Feminine Hygiene
898	Female Sexual Response
889	Hysterectomy

LIST OF TEL MED TAPES BY CATEGORY (Continued)

<u>TAPE NUMBER</u>	<u>TITLE</u>
<u>WOMEN (Continued)</u>	
42	I'm Just Tired, Doctor
46	Lumps and Bumps of Arms and Legs
526	Hemorrhage
173	Menopause
884	Menstruation
148	Hugging and Purse Snatching
147	The Lady Living Alone
53	Tubal Ligation
31	Vaginitis
74	Why a "D and C"
694	Why a Woman Should Quit Smoking

WHAT YOU SHOULD KNOW IN CASE OF

121	Bee Sting
195	Bee Sting - It Can Cause Death
111	Choking
84	Dizziness
93	Electrical Shock
109	Epileptic Convulsions
108	Fainting
123	First Aid for Chemical Burns
98	Head Injuries
102	Mouth to Mouth Resuscitation (Small Children and Babies)

LIST OF TEL-MED TAPES BY CATEGORY (Continued)

<u>TAPE NUMBER</u>	<u>TITLE</u>
<u>WHAT YOU SHOULD KNOW IN CASE OF (Continued)</u>	
103	Mouth to Mouth Resuscitation (Adults)
96	Poisoning By Mouth
10	Poisons in the Home
91	Severe Bleeding
94	Shock
99	Sprains
101	Thermal Burns
110	When You Find Someone Unconscious

ADDED:

THIS IS A LIST OF TAPES THAT HAVE BEEN ADDED SINCE PUBLICATION OF THIS BOOKLET

<u>Tape Number</u>	<u>Title</u>
40	VANUS
43	Stuttering
87	Scleroderma
88	Prostate
113	Teratoma
119	End of the
135	ICP - 1980
149	Rape
156	CHRYZUS
191	Varicose Veins
322	Fluoridation
323	Afraid of the Dark
563	Food Poisoning
567	Allergies
570	Carcinoma of the Liver
612	Don't Be Worried by Fat Bugs
613	Arterial Narrowing
632	Oxalate
694	Why a Woman Should Not Smoke
729	Marriage Counseling
970	Hearts
1029	Breast Reconstruction After Surgery
1083	Little League Fever

APPENDIX G

TEL-MED, INC. PROGRAM SUPPORT FEE

The following services provided by Tel-Med, Inc. to all licensees are sustained by a monthly program support fee of \$30.00, as documented in the Tel-Med, Inc. Current Fee Schedule.

- I. CONTINUAL REVIEW OF TAPE CONTENT - Each tape in the Tel-Med, Inc. Master Library is under continual review by the physicians of the San Bernardino County Medical Society, selected health care specialists throughout the country, the Tel-Med, Inc. Medical Director and staff. In addition, comments from medical authorities in the United States where scripts are under review for new Tel-Med programs, are incorporated with the latest available health and medical information, to ensure the content of each tape is pertinent and accurate. When revisions due to medical update are made necessary, all licensees are notified immediately, and the updated tapes are provided at cost.
- II. RESEARCH AND DEVELOPMENT OF NEW TAPES - We continually explore new areas and respond to consistent inquiries for new topics to be added to the current Tel-Med, Inc. Master Library of over 300 tapes. Our many sources, including health care experts from operating Tel-Med programs, have provided material on a multitude of topics not presently available in the Tel-Med, Inc. Master Library.
- III. NATIONAL CLEARINGHOUSE FOR HEALTH CARE INFORMATION - As an extension of our research and development program, we can provide all Tel-Med, Inc. licensees with any material we have compiled for development as an addition to their library. Through this practice of collecting and disseminating data, Tel-Med, Inc. acts as a national clearinghouse for health care information.
- IV. TEL-MED, INC. NEWSLETTER - The Tel-Med, Inc. Newsletter is published monthly and circulated among Tel-Med licensees to help us all benefit from each others' experience. We receive input from each licensee and publish information that can benefit everyone. In addition, the Newsletter is our medium for notifying licensees of available new and revised tapes, and all other services provided by Tel-Med, Inc.

APPENDIX H
SCRIPT DEVELOPMENT GUIDELINES

1. Before writing your own script, check with the Tel-Med, Inc. office. It is possible that another Tel-Med licensee has already developed a script on the subject. If so, it is available for your use. Please keep in mind, however, this source material is not part of the Master Library, and Tel-Med, Inc. does not assume responsibility for its accuracy.
2. Scripts should be no longer than five minutes in length (about two and a half double-spaced, typed pages).
3. Write your script for the eighth grade listening level. Anything more complicated will not be as effective or reach as many people.
4. Make certain all script changes are legible. For minor changes, a simple "line out" of the material with a clearly printed word above that line is suitable. For major revisions, please retype the script; double-spaced.
5. Clearly note difficult pronunciations. More specifically, give phonetic guides for names, organizations, streets and medications to assist the narrator.
6. Keep your trailer message short and to the point. We suggest that you do not refer to names or telephone numbers since they can and do change. Such changes will outdate your tape.
7. Send the final script to us, and we will assign it a 5000 Series number prior to recording. This is done to circumvent any conflicts in the Master Library numbering system.
8. The general rule of thumb is: submit your script exactly as you want it recorded.

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